STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN0601	A. BUILDING 01 - BUILDING #1 B. WING	10/18/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRADLEY HEALTH CARE & REHAB	2910 PEERLESS RD CLEVELAND, TN 37312

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 902	1200-8-6-.09(2) Life Safety (2) The nursing home shall provide fire protection by the elimination of fire hazards, by the installation of necessary fire fighting equipment and by the adoption of a written fire control plan. Fire drills shall be held at least quarterly for each work shift for nursing home personnel in each separate patient-occupied nursing home building. There shall be a written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years. All fires which result in a response by the local fire department shall be reported to the department within seven (7) days. The report shall contain sufficient information to ascertain the nature and location of the fire, its probable cause and any injuries incurred by any person or persons as a result of the fire. Initial reports by the facility may omit the name(s) of resident(s) and parties involved, however, should the department find the identities of such persons to be necessary to an investigation, the facility shall provide such information. Authority: T.C.A. §§4-5-202, 4-5-204, 68-11-202, 68-11-204, 68-11-206, and 68-11-209. This Rule is not met as evidenced by: Based on observation, the facility failed to provide fire protection by the elimination of fire hazards. The findings include: Observation on October 18, 2011 at 9:40 a.m. revealed one (1) oxygen concentrator in patient room 421 with the electrical power cord connected directly to a power strip.	N 902	A. Oxygen concentrator in resident room 421 that had an electrical power cord connected directly to a power strip has had that power cord disconnected. This was completed on 10-18-11. B. All residents have the potential to be affected by the deficiency if not corrected. C. Oxygen concentrators are to be connected to a power connection only as approved by T.C.A. 4-5-202, 4-5-204, 68-11-202, etc. This is defined as an approved wall mounted power supply. D. Environmental Services Director will monitor facility compliance.	10/18/11

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Division of Health Care Facilities

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	TN0601	A. BUILDING 01 - BUILDING #1 B. WING _____	10/18/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRADLEY HEALTH CARE & REHAB	2910 PEERLESS RD CLEVELAND, TN 37312

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N1409	1200-8-6-.14(2)(a)5.(i) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (i) Fire Safety Procedures Plan, to be exercised at any time during the year, shall include: (I) Minor fires; (II) Major fires; (III) Fighting the fire; (IV) Evacuation procedures; (V) Staff functions by department and job assignment; and, (VI) Fire drill schedules (fire drills shall be held at least quarterly on each work shift). This Rule is not met as evidenced by; Based on interview with Maintenance Director and record review, the facility failed to assure the Bomb Threat, Tornado, Flood and Earthquake drills have been conducted.	N1409	A. The fire safety procedures plan had not been implemented with the required drills. On a go-forward basis all required drills will be conducted as required by the fire safety procedures plan. All required drills will be completed by 3-31-12. B. All residents have the potential to be affected by the deficiency if not corrected. C. Required drills: 1. Bomb threat 2. Tornado 3. Flood 4. Earthquake D. Environmental Services Director will monitor facility compliance.	3/31/12

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N1409	Continued From page 2 The findings include: Observation on October 18, 2011 at 3:00 p.m. revealed the Bomb Threat, Tornado, Flood and Earthquake drills have been conducted in the last twelve months.	N1409		